

<i>SERFF Tracking Number:</i>	<i>STNA-125581468</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102254 \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-OL-CIMITRIA-AR-08-01-F</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>CIMI BUSINESS PROGRAM</i>		
<i>Project Name/Number:</i>	<i>SNIC-OL-CIMITRIA-AR-08-01-F/SNIC-OL-CIMITRIA-AR-08-01-F</i>		

## Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: CIMI BUSINESS PROGRAM	SERFF Tr Num: STNA-125581468	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: #102254 \$50
Sub-TOI: 17.2001 Commercial General Liability	Co Tr Num: SNIC-OL-CIMITRIA-AR-08-01-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Ines Piquet	Disposition Date: 04/16/2008
	Date Submitted: 03/31/2008	Disposition Status: Approved
Effective Date Requested (New): 05/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 05/01/2008		Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: SNIC-OL-CIMITRIA-AR-08-01-F	Status of Filing in Domicile: Pending
Project Number: SNIC-OL-CIMITRIA-AR-08-01-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/16/2008	
State Status Changed: 04/16/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	

On behalf of State National Insurance Company Inc. ("the Company"), we are filing to revise their terrorism disclosures due to the Reauthorization Act of 2007. Please note this is an expedited filing. Please see the enclosed filing memorandum for details.

The Company respectfully requests that this filing be implemented for all policies on May 1, 2008 or the earliest possible date upon approval/acknowledgement.

SERFF Tracking Number: STNA-125581468 State: Arkansas  
 Filing Company: State National Insurance Company Inc. State Tracking Number: #102254 \$50  
 Company Tracking Number: SNIC-OL-CIMITRIA-AR-08-01-F  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
 Product Name: CIMI BUSINESS PROGRAM  
 Project Name/Number: SNIC-OL-CIMITRIA-AR-08-01-F/SNIC-OL-CIMITRIA-AR-08-01-F

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the filing memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

We trust you will find this submission acceptable and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

## Company and Contact

### Filing Contact Information

Ines Piquet, Regulatory Compliance Mgr (P&K) doi@perrknight.com  
 881 Alma Real Drive, Suite 205 (310) 230-9339 [Phone]  
 Pacific Palisades, CA 90272 (310) 230-8529[FAX]

### Filing Company Information

State National Insurance Company Inc.	CoCode: 12831	State of Domicile: Texas
8200 Anderson Boulevard	Group Code: 93	Company Type: Property & Casualty
Fort Worth, TX 76120	Group Name:	State ID Number:
(800) 877-4567 ext. [Phone]	FEIN Number: 75-1980552	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$0.00	03/31/2008	

<i>SERFF Tracking Number:</i>	<i>STNA-125581468</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102254 \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-OL-CIMITRIA-AR-08-01-F</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>CIMI BUSINESS PROGRAM</i>		
<i>Project Name/Number:</i>	<i>SNIC-OL-CIMITRIA-AR-08-01-F/SNIC-OL-CIMITRIA-AR-08-01-F</i>		

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
102254	\$50.00	

<i>SERFF Tracking Number:</i>	<i>STNA-125581468</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102254 \$50</i>
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<i>Product Name:</i>	<i>CIMI BUSINESS PROGRAM</i>		
<i>Project Name/Number:</i>	<i>SNIC-OL-CIMITRIA-AR-08-01-F/SNIC-OL-CIMITRIA-AR-08-01-F</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	04/16/2008	04/16/2008

<i>SERFF Tracking Number:</i>	<i>STNA-125581468</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102254 \$50</i>
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<i>Project Name/Number:</i>	<i>SNIC-OL-CIMITRIA-AR-08-01-F/SNIC-OL-CIMITRIA-AR-08-01-F</i>		

## Disposition

Disposition Date: 04/16/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125581468 State: Arkansas

Filing Company: State National Insurance Company Inc. State Tracking Number: #102254 \$50

Company Tracking Number: SNIC-OL-CIMITRIA-AR-08-01-F

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: CIMI BUSINESS PROGRAM

Project Name/Number: SNIC-OL-CIMITRIA-AR-08-01-F/SNIC-OL-CIMITRIA-AR-08-01-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Expedited Transmittal, Filing Memorandum & Letter of Authority	Approved	Yes
Form	Policyholder Disclosure - Offer of Terrorism Coverage	Approved	Yes
Form	Policyholder Notice	Approved	Yes
Form	Policyholder Notice	Approved	Yes
Form	Policyholder Disclosure - Notice of Terrorism Coverage	Approved	Yes

SERFF Tracking Number: STNA-125581468 State: Arkansas

Filing Company: State National Insurance Company Inc. State Tracking Number: #102254 \$50

Company Tracking Number: SNIC-OL-CIMITRIA-AR-08-01-F

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: CIMI BUSINESS PROGRAM

Project Name/Number: SNIC-OL-CIMITRIA-AR-08-01-F/SNIC-OL-CIMITRIA-AR-08-01-F

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure - Offer of Terrorism Coverage	CIMI TER02 1 08	01/2008	Disclosure/ Replaced Notice	Replaced Form #:0.00 CIMI TER02 3 06 Previous Filing #: AR-PC-06-020035		CIMI TER02 1-08.pdf
Approved	Policyholder Notice	CIMI TER05 1 08	01/2008	Disclosure/ Replaced Notice	Replaced Form #:0.00 CIMI TER05 9 05 Previous Filing #: AR-PC-06-020035		CIMI TER05 1-08.pdf
Approved	Policyholder Notice	CIMI TER06 1 08	01/2008	Disclosure/ Replaced Notice	Replaced Form #:0.00 CIMI TER06 9 05 Previous Filing #: AR-PC-06-020035		CIMI TER06 1-08.pdf
Approved	Policyholder Disclosure - Notice of Terrorism Coverage	CIMI TER09 1 08	01/2008	Disclosure/ New Notice		0.00	CIMI TER09 1-08.pdf

# STATE NATIONAL INSURANCE COMPANY

Re: New and Renewal Business

## POLICYHOLDER DISCLOSURE

### NOTICE - OFFER OF TERRORISM COVERAGE

### NOTICE - DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

See the section of this Notice titled DISCLOSURE OF PREMIUM. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such DISCLOSURE.

Failure to pay the premium by the due date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

**PLEASE NOTE: COMMERCIAL AUTO, BURGLARY AND THEFT, SURETY, PROFESSIONAL LIABILITY AND FARM OWNERS MULTI-PERIL COVERAGES ARE NOT INCLUDED IN THE TERRORISM RISK INSURANCE ACT, AS AMENDED; NOR ANY OF THESE LINES OF BUSINESS OR COVERAGES CONTAINED IN AN UMBRELLA OR EXCESS POLICY. ANY OFFER OF TERRORISM COVERAGE DOES NOT APPLY TO THESE LINES OF BUSINESS.**

You may choose to accept or reject the offer by signing the below statement and returning it to us, and your policy will be written accordingly.

#### Acceptance or Rejection of Terrorism Insurance Coverage

DISCLOSURE OF PREMIUM	
	I hereby elect to purchase terrorism coverage for a prospective premium of \$_____.
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism and an <b>exclusion</b> of certain terrorism losses will be made part of this policy.

\_\_\_\_\_  
First Named Insured

State National Insurance Company  
Insurance Company

\_\_\_\_\_  
Policyholder / Applicant's Signature

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Effective Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Quote Number

\_\_\_\_\_  
Date of Mailing



# STATE NATIONAL INSURANCE COMPANY

## POLICYHOLDER NOTICE

### **This policy contains coverage for certified acts of terrorism.**

The Terrorism Risk Insurance Act, as amended in 2007, establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must result in insured losses in excess of five million dollars in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and the act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The federal share equals 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

In accordance with the Terrorism Risk Insurance Act, as amended, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. This offer was previously provided to you in an Offer of Terrorism Coverage and Disclosure of Premium. You were quoted \$\_\_\_\_\_ as the premium for this coverage.

We were advised to issue this policy with coverage for certified acts of terrorism.

**PLEASE NOTE: COMMERCIAL AUTO, BURGLARY AND THEFT, SURETY, PROFESSIONAL LIABILITY AND FARM OWNERS MULTI-PERIL COVERAGES ARE NOT INCLUDED IN THE TERRORISM RISK INSURANCE ACT, AS AMENDED; NOR ANY OF THESE LINES OF BUSINESS OR COVERAGES CONTAINED IN AN UMBRELLA OR EXCESS POLICY. ANY OFFER OF TERRORISM COVERAGE DOES NOT APPLY TO THESE LINES OF BUSINESS.**

# STATE NATIONAL INSURANCE COMPANY

## POLICYHOLDER NOTICE

### **This policy does not contain coverage for certified acts of terrorism.**

The Terrorism Risk Insurance Act, as amended in 2007, establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must result in insured losses in excess of five million dollars in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and the act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The federal share equals 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

In accordance with the Terrorism Risk Insurance Act, as amended, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. This offer was previously provided to you in an Offer of Terrorism Coverage and Disclosure of Premium. You were quoted \$\_\_\_\_\_ as the premium for this coverage.

We were advised to issue this policy without coverage for certified acts of terrorism.

**PLEASE NOTE: COMMERCIAL AUTO, BURGLARY AND THEFT, SURETY, PROFESSIONAL LIABILITY AND FARM OWNERS MULTI-PERIL COVERAGES ARE NOT INCLUDED IN THE TERRORISM RISK INSURANCE ACT, AS AMENDED; NOR ANY OF THESE LINES OF BUSINESS OR COVERAGES CONTAINED IN AN UMBRELLA OR EXCESS POLICY. ANY OFFER OF TERRORISM COVERAGE DOES NOT APPLY TO THESE LINES OF BUSINESS.**

# STATE NATIONAL INSURANCE COMPANY

**Re: Inforce Business**  
**POLICYHOLDER DISCLOSURE**  
**NOTICE OF TERRORISM**  
**INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

Name of Insurer: \_\_\_\_\_  
First Named Insured: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Effective Date: \_\_\_\_\_

Date of Mailing: \_\_\_\_\_

<i>SERFF Tracking Number:</i>	<i>STNA-125581468</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102254 \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-OL-CIMITRIA-AR-08-01-F</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>CIMI BUSINESS PROGRAM</i>		
<i>Project Name/Number:</i>	<i>SNIC-OL-CIMITRIA-AR-08-01-F/SNIC-OL-CIMITRIA-AR-08-01-F</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125581468 State: Arkansas  
Filing Company: State National Insurance Company Inc. State Tracking Number: #102254 \$50  
Company Tracking Number: SNIC-OL-CIMITRIA-AR-08-01-F  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/16/2008

**Comments:**

**Attachments:**

2007 NAIC FFS +.pdf  
2007 NAIC PCTD.pdf

**Satisfied -Name:** Expedited Transmittal, Filing Memorandum & Letter of Authority **Review Status:** Approved 04/16/2008

**Comments:**

**Attachments:**

Arkansas Filing Memo.pdf  
AR LOA.pdf  
AR TRIA Expedited Filing Form.pdf

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>SNIC-OL-CIMITRIA-AR-08-01-F</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>N/A</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>

01	Policyholder Disclosure - Offer of Terrorism Coverage	CIMI TER02 1 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	CIMI TER02 3 06	AR-PC-06-020035
02	Policyholder Notice	CIMI TER05 1 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	CIMI TER05 9 05	AR-PC-06-020035
03	Policyholder Notice	CIMI TER06 1 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	CIMI TER06 9 05	AR-PC-06-020035
04	Policyholder Disclosure - Notice of Terrorism Coverage	CIMI TER09 1 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
11			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
12			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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New Business																					
Renewal Business																					
f. State Filing #:																					
g. SERFF Filing #:																					
h. Subject Codes																					

<b>3. Group Name</b>	<b>Group NAIC #</b>
State National Group	0093

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
State National Insurance Company	TX	12831	75-1980552	

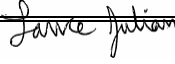
<b>5. Company Tracking Number</b>	SNIC-OL-CIMITRIA-AR-08-01-F
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
State National Insurance Company	State Filings Analyst	888-201-5123 x149	310-230-8529	doi@perrknight.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Lance Julian

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.2 Other Liability – OCC only
10. Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	CIMI Business Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 05/01/2008      Renewal: 5/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	03/28/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	SNIC-OL-CIMITRIA-AR-08-01-F
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of State National Insurance Company Inc. ("the Company"), we are filing to revise their terrorism disclosures due to the Reauthorization Act of 2007. Please see the enclosed filing memorandum for details.

The Company respectfully requests that this filing be implemented for all policies on May 1, 2008 or the earliest possible date upon approval/acknowledgement.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the filing memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

We trust you will find this submission acceptable and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<b>Check #:</b> 102254 <b>Amount:</b> \$50.00  \$50 per form filing          <b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



**STATE NATIONAL INSURANCE COMPANY  
COMMERCIAL GENERAL LIABILITY**

**CIMI SPECIALIZED BUSINESS PROGRAM**

**Arkansas**

*FILING MEMORANDUM – FORMS*

On behalf of State National Insurance Company (“the Company”), we are filing a change to our terrorism disclosures due to changes related to the Terrorism Risk Insurance Program Reauthorization Act of 2007. These forms are applicable to our commercial general liability CIMI Specialized Business Program in your jurisdiction. The previous versions of these endorsements were effective 6/28/2006, DOI Filing Number AR-PC-06-020035. We are also filing for informational purposes only, a new Policyholder Disclosure Notice of Terrorism Coverage for in-force policies with terrorism coverage, advising of changes relating to the Terrorism Risk Insurance Program Reauthorization Act of 2007. No other changes are being proposed with this filing.



March 17, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

**Re: Letter of Filing Authorization  
State National Insurance Company, Inc.  
Commercial General Liability  
Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that Perr & Knight has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence regarding this particular filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Perr & Knight, 881 Alma Real Drive, Suite 205, Pacific Palisades, CA. 90272. Should you have any questions concerning this filing, please contact Perr & Knight at (888) 201-5123.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cleff", written over a horizontal line.

David M. Cleff  
Senior Vice President and General Counsel

Cc: File (National American)

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

**This page applies to the following state(s) Arkansas**

Indicate Type of Filing
? Filing Related to <i>Certified Losses</i>
? Filing Related to <i>Non-Certified Losses</i>
? Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
State National Insurance Company	TX	12831	75-1980552

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Perr & Knight 881 Alma Real Drive, Suite 205 Pacific Palisades, CA 90272	888-201-5123 X149	310-230-8529	doi@perrknight.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Other Liability/Directors & Officers
<b>Company Program Title</b> (Marketing title) (if applicable)	CIMI Business Program
<b>Filing Type</b> ** see note below	Forms
<b>This application is used with:</b>	CIMI PJ 9 05
<b>Effective Date Requested</b>	Upon Approval
<b>Filing date</b>	03/31/2008
<b>Company Tracking Number</b>	SNIC-OL-CIMITRIA-AR-08-01
<b>Date filing approved in domiciliary state, if applicable</b>	Pending – Filed Concurrently

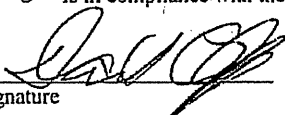
	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<b>Form # or Rate Page</b> <b>Include edition date</b>	<b>Replacement</b> <b>Or withdrawn?</b>	<b>If replacement,</b> <b>give form # or rate</b> <b>page(s) it replaces</b>	<b>Previous State</b> <b>Filing Number,</b> <b>if required</b> <b>by state</b>
01	Policyholder Disclosure - Offer of Terrorism Coverage	CIMI TER02 1 08	[X ] Replacement [ ] Withdrawn [ ] Neither	CIMI TER02 3 06	
02	Policyholder Notice	CIMI TER05 1 08	[X ] Replacement [ ] Withdrawn [ ] Neither	CIMI TER05 9 05	
03	Policyholder Notice	CIMI TER06 1 08	[X ] Replacement [ ] Withdrawn [ ] Neither	CIMI TER06 9 05	
04	Policyholder Disclosure - Notice of Terrorism Coverage	CIMI TER09 1 08	[ ] Replacement [ ] Withdrawn [X ] Neither	N/A	

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

  
Signature

David M. Cleff  
Print Name:

Senior Vice President and General Counsel  
Title: